U.S. DEPARTMENT OF THE INTERIOR Page # _____ **BUREAU OF LAND MANAGEMENT ANNUAL CHEMICAL (Hazardous Materials) INVENTORY SHEET Inventory Completed By** State _____ District/SO/Branch _____ DATE Building Name _____ Work Area _____

Company Name/ Address - Phone	Product Name	Product Number	Form* Number	Cont. Size	No. of Cont. On Hand	National Stock Number NSN	User(s)	Remarks	MSDS on Hand (Yes/No)
*Form = 1 LIQUID, 2 AEROSOL, 3 SOLID, 4 GEL, 5 PASTE, 6 POWDER, 7 GAS								OR-1112-20 (Januar	y 2004)